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ABSTRACT

This training manual provides U.S. Probation Officers with a useful guide in understanding the dynamics of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). It also gives advice on making this information specific and appropriate to the offenders with whom they work on their caseloads. The manual contains six core training modules that include brief training notes and quizzes. Each module builds a base for the next. Module I involves an overview of HIV/AIDS. Discussion focuses on perceptions, myths, and facts about HIV/AIDS. Module II looks at a major factor for HIV infection: sexually transmitted diseases. Module III examines the connection between drug use and HIV infection. Module IV covers testing issues regarding the HIV antibody test. Module V deals with personalizing risk for HIV/AIDS infection. Officers are asked to look at their personal attitudes and beliefs about HIV disease before passing judgment on individuals with AIDS. This training includes issues regarding gender, sexuality, and safer sex alternatives. Module VI includes discussions about two antidiscrimination laws that protect persons challenged with HIV/AIDS: the Americans with Disabilities Act and the Rehabilitation Act. This module also focuses on disclosure laws and confidentiality issues that pertain to officers' court responsibilities. Special Topics covers additional HIV/AIDS related issues. A quiz answer key for 6 quizzes (one for each Module) and a list of 20 suggested readings are appended. (YLB)

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ED 378 375

RESPONDING TO HIV and AIDS

A Training Manual for United States Probation Officers

Jimmy L. Tyree, M.P.A.
United States Probation Officer

Participant's Edition

February, 1995

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Notes from the Author:

This training manual is based on the experiences and observations of the author. It contains an invaluable source of information that can help United States Probation Officers address effectively the concerns of probation AIDS related issues in the workplace.

This manual serves as a supplement to officers' organizational policies and the advice of their designated HIV Resource Person.

Responding to HIV and AIDS

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Printed in the United States of America

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DEDICATION

This manual is dedicated to the memory of my brother, Tyrone, who died of sickle cell anemia on July 21, 1993. He played a major role in helping me complete the first draft of this manual.

Our fears arise from things we don't confront.
Once we are willing to look fully and deeply at
the source of a fear, it loses its power.

--- *Shakti Gawain*
(Tillerras, 1988)

PREFACE

Researchers speculate that by the year 2000 over 40 million people will have become infected with HIV, the virus that causes AIDS. Already one in 250 Americans are infected with HIV.

If these statements caused you to think, you are not alone. Contrary to popular belief the HIV/AIDS epidemic is far from being over. Ultimately every segment in our society, including the criminal justice system, will feel the effects of this disease.

United States Probation Officers can play a crucial role in helping the Court successfully address HIV/AIDS related issues . However, such success will require the acquisition of new information and skills. More important, it will require courage in adopting new ways of thinking about HIV and AIDS and incorporating this insight through the practice of performing various work-related interventions. **Responding to HIV and AIDS** will help officers meet this challenge.

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THE PURPOSE OF THIS MANUAL

Responding to HIV and AIDS provides officers with a useful guide in understanding the dynamics of HIV and AIDS. More than a training guide, it also gives officers advice and guidance on how to make this information operational specific and appropriate to the offenders they work with on their caseloads. Officers may be able to use this manual as a reference guide when addressing AIDS related work issues.

TRAINING OBJECTIVES

This manual will help officers:

- Understand basic concepts about HIV and AIDS;
- Discuss how specific co-factors enhance the probability of HIV transmission;
- Discuss sensitive topics that HIV positive offenders have regarding risk reduction alternatives;
- Provide appropriate HIV testing referrals for offenders in need of this service;
- Anticipate and develop individual treatment plans that include community resources for HIV positive offenders;
- Understand the legal concepts of HIV and AIDS regarding discrimination, confidentiality and disclosure laws.

HOW TO USE THIS MANUAL

Responding to HIV and AIDS has been developed to be a practical and informative tool to help officers address HIV/AIDS related issues in the workplace. The manual's ideas and philosophy were developed over years of educating patients attending Sexually Transmitted Disease (STD) clinics and employees of both private and nonprofit organizations.

Each module builds a base for the next. Therefore, officers are advised to attend the training sessions in the order noted in the text. It is important that officers understand that each module's training text covers only a brief summary of the training session. Additional information is presented during the course of the training.

Manual Components

The manual contains six core training modules that include *brief training notes,* and quizzes. The design and format of this curriculum have been developed to reinforce a "new way of thinking" in HIV/AIDS education for the Federal Probation system.

Summary of Text

Module I involves an overview of HIV/AIDS. In this module discussions include perceptions, myths and facts about HIV/AIDS. A comprehensive inquiry into co-factors that increase the likelihood for HIV transmission follows.

Module II looks at a major co-factor for HIV infection: Sexually Transmitted Diseases

Module III examines the connection between drug use and HIV infection.

Module IV covers testing issues regarding the HIV antibody test.

Module V deals with personalizing risk for HIV/AIDS infection. Officers will be asked to look at their personal attitudes and beliefs about HIV disease before passing judgement on individuals with AIDS. Included in this training are issues regarding gender, sexuality and safer sex alternatives.

Module VI includes discussions about two anti-discrimination laws that protect persons challenged with HIV/AIDS: the American Disability Act and the Federal Rehabilitation Act. Additionally, this module focuses attention on disclosure laws and confidentiality issues that pertain to officers' Court responsibilities.

Special Topics covers additional HIV/AIDS related issues that officers may need to consider.

ACKNOWLEDGEMENTS

This training manual would not have been possible without the support and assistance of the many friends and colleagues with whom I have worked with during the past several years:

My editor and friend, Johnnie (Chip) Allen. His technical assistance was invaluable.

Viola Chapman, Cynthia Jackson and Bruce Akerman. They played a major role in helping me proofread and format this manual.

Jennifer Alexander-Terry, PH.D, Vincent Holland, M.A., M.P.A., Pamela Eason, M.P.A., and Pinkey Carr, J.D.,. Their continued support has been instrumental.

United States Chief Probation Officer, Keith Koenning and Deputy Chief Lenora Barry. Their conviction to emphasize the need for HIV and AIDS education in the Northern District of Ohio, U.S. Probation Office inspired me to develop this training manual.

The Supervisors and staff of the Northern District of Ohio, U.S. Probation Office. Their participation in the pilot training of this project contributed toward the development of this manual.

The Public Health Advisors who closely worked with me during my years at the federal Centers for Disease Control. They included: Donald Shwarz, Richard Wimberly, Mark Aubin, Lydia Steinseiffer, Theodore Jones and Cynthia Paskorz-French.

My wife, Ruby, daughters, Tiffany and Brittany, and parents, Billy and Betty. They have supported me throughout all my endeavors.

BASIC MEDICAL FACTS: MODULE 1

BASIC MEDICAL FACTS: MODULE 1

The following will be provided:

- Why officers need to know about HIV and AIDS
- What HIV is and how it is transmitted
- The distinction between HIV and AIDS
- The HIV Spectrum
- HIV Transmission

OBJECTIVES:

By the end of this module, officers will be able to:

- List several reasons for needing to know about HIV and AIDS
- Define HIV and list the routes of transmission
- Distinguish between HIV and AIDS
- List the various stages that occur in the HIV spectrum

KEY TERMS:

Acquired Immunodeficiency Syndrome (AIDS)
Human Immunodeficiency Virus (HIV)
HIV Spectrum
Myths vs. Fallacies
Risk Factors
Socio-cultural Factors
Rate of Transmission
Intravenous Drug use
T-Cells
Immune System

Why officers need to know about HIV/AIDS:

At first glance, this topic may appear unimportant to officers' work responsibilities because of its general perception in society. For a long time, the media have portrayed HIV/AIDS as a deadly disease that only affects gays and drug users. But the statistics and trends of the disease have begun to indicate differently. HIV/AIDS has became a global disease that will continue to affect every facet of our lives.

Officers will have to become more competent in performing Court responsibilities that are HIV/AIDS related issues. They will have to make informed decisions in addressing the needs of offenders on their caseload that have HIV/AIDS related concerns.

FACTS ABOUT HIV

AIDS is an illness **caused** by a virus named *HIV*. HIV stands for *Human Immunodeficiency Virus.* This virus attacks specific white blood cells of the human immune system called *T4 Helper Cells* (also called *CD4 cells*). These cells are important to the immune system because they notify the body of foreign invaders (i.e. bacteria and virus) that may cause sickness.

Once HIV attacks the T4 cells, your immune system becomes impaired or weakened. Other cells that normally help in defending your immune system are not activated in time to fight off HIV. This process may take a long time to occur, anywhere from several months to twelve years before any symptoms appear. You could have HIV and not know it.

FACTS ABOUT HIV TRANSMISSION

Just because you come into casual contact with someone with HIV does not mean that you will absolutely become infected. HIV is a virus. There are **certain behaviors** you must engage in to become infected with HIV.

There are three basic ways you can contract HIV:

- ***Contamination with HIV-Infected Blood:*** Blood transfusions before 1985; since 1985 the blood supply is much safer because all blood donations are screened for HIV. There is a very slight possibility that HIV can occur through transfusions. Needle sharing among individuals who use injection drugs can transmit HIV. **The important thing to remember is HIV-infected blood has to get into the body.** Any activity involving the transfer of blood from a HIV infected person into the body of a non-infected person is unsafe. The use of any **unsterilized** skin piercing instruments with HIV-infected blood could possibly transmit the virus.

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- ***Sexual contact***: Any sexual activity (vaginal, oral, anal, penile) that includes the exchange of HIV-infected body fluids such as blood, vaginal secretions and semen.

- ***Mothers to babies:*** It is possible for HIV to be transmitted during pregnancy. There is a thirty percent chance that a HIV-infected baby will be born to a HIV-infected mother. Moreover, it is also possible for HIV to be transmitted to a baby through breast feeding.

Researchers have not confirmed any cases of HIV transmission by *saliva, urine, or mosquitoes.*

AIDS AND THE HIV SPECTRUM

Once you are HIV infected, your immune system undergoes further deterioration, as it accommodates the development of the following stages sometimes called the *HIV Spectrum:*

Asymptomatic Infection. This occurs at the initial stage of HIV infection. You may experience flu-like symptoms that persist for several weeks, or you may feel tired. However, this stage usually goes unnoticed by persons HIV infected.

AIDS Related Conditions. In this stage you begin to experience clinical symptoms. They may include swollen lymph glands, unexplained weight loss, diarrhea, night sweats, extreme fatigue and a host of abnormalities involving your immune system. These symptoms may last three or more months.

AIDS and AIDS Dementia. This is the last phase of illness in the HIV spectrum. Your immune system is permanently damaged and bacteria and viruses that your body normally fight off can now cause you to develop diseases that make you very ill. These are called *opportunistic infections.* In most cases, you die of one of these diseases. AIDS Dementia sometimes occurs when certain opportunistic infections attack the brain causing memory loss and the loss of other cognitive abilities.

Over the span of several years, a person can progress to several stages within the HIV spectrum. This progression can take anywhere from a few months to twelve years. There are only a few cases of persons living with AIDS that have survived past twelve years.

AIDS and Probation

As professionals, we serve at the Court's request in working with persons who have violated federal laws. This includes working with offenders whose ***activities*** may have placed them at risk for HIV infection. Listed are issues that you may have to address in carrying out your work responsibilities.

If you ***supervise*** HIV positive offenders, you may have to:

- Communicate sensitive HIV - related issues about the offender to court personnel;

- Separate negative emotions from ethical responsibility; Assess your personal biases about the disease. Look at the medical facts about HIV/AIDS when making decisions regarding offenders' supervision plans;

- Advise offenders about local HIV testing resources and answer health related questions when necessary;

- Constantly gauge how offenders are coping with this disease, as it may impact their responsibilities under court supervision. Make necessary changes in their supervision plan when deemed appropriate;

- Contact appropriate sources that can confirm offenders' HIV diagnosis and complete supervision plans;

If you perform ***presentence investigations***, you may have to:

- Reassess your interviewing style and implement techniques that incorporate nonjudgmental discussions about sensitive issues such as sexuality, addiction and other influences related to HIV infection;

- Inform HIV-infected defendants about resources that will help them sustain and improve the quality of their lives;

- Contact HIV resources that confirm defendants' HIV diagnosis and complete presentence reports (with documented permission);

- Make recommendations that provide sanctions for HIV positive defendants at specific stages of their disease (i.e. AIDS dementia).

MEDICAL FACTS/Quiz

1.	Most people who have AIDS are gay or bisexual.	True	False
2.	Researchers speculate that the first AIDS case was diagnosed in 1982.	True	False
3.	HIV is another name for AIDS.	True	False
4.	People die of AIDS.	True	False
5.	It can take over 10 years for a person that is HIV positive to develop AIDS.	True	False
6.	Your white blood count (when you are HIV positive) indicates how far HIV has affected your immune system.	True	False
7.	Your T-4 cells (white blood cells) are considered the commanders in your immune system.	True	False
8.	If you are HIV positive, you are considered to have AIDS.	True	False
9.	If you are HIV positive, it is impossible to become reinfected.	True	False
10.	HIV's incubation period lasts only a few days.	True	False

SEXUALLY TRANSMITTED DISEASES: MODULE 2

SEXUALLY TRANSMITTED DISEASES (STD's): MODULE 2

The following will be provided:

- Why officers need to know about STD's
- The origins of various STD's
- STD's and their symptoms
- STD's and HIV infection

OBJECTIVES:

By the end of this module, officers should be able to:

- Describe the clinical manifestations of three (3) STD's
- Identify the connection between contracting a STD and increasing personal risk for HIV infection
- Identify personal and/or offenders' risk for STD and HIV infection

KEY TERMS:

Sexually Transmitted Diseases (STD)
Venereal Diseases (VD)
Virus
Bacterial
Environmental Factors
STD's and HIV Connection
Syphilis
Gonorrhea
Crabs

Why officers need to know about STD's:

The spread of STD's are increasing despite the fact that there are cures for many of them. Much of this increase is due to the surge in drug use and chemical dependency. Officers who supervise offenders must be aware of health issues which may affect their ability to adhere to supervision plans. Some STD infections, if untreated, can be as deadly as AIDS. Unfortunately, most offenders do not make the connection that the same risky behaviors attributed to contracting STD's might result in HIV infection.

Additionally, the stigma of having a STD may inhibit offenders from disclosing information about extremely personal aspects of their lives (i.e. drug use and sexual behavior). When officers are sensitive to these issues, they can better address the needs of the offender.

TERMINOLOGY

The terms venereal disease and STD often are used interchangeably. Yet they are not synonymous. The adjective "venereal" comes from the latin word, "Venus," the goddess of love. Historically, when you mentioned venereal disease, you thought of diseases that were exclusively transmitted sexually, with clinical symptoms manifested on or near the sexual organs infected. The most common known sexual diseases contracted are gonorrhoea and syphilis. However, times have changed. The term STD has replaced VD to include all diseases contracted either in the genital areas or other openings of the body. Slang terms used to describe these diseases are "clap", "drip" or "syp."

BASIC MEDICAL FACTS

STD's are infectious diseases caused by microorganisms which trigger defense reactions in your body. The two types of microorganisms we are most concerned with in this module are bacteria and viruses. STD's caused by bacteria can be cured. However, a person can become infected repeatedly. STD's caused by viruses may have treatments but no cure. The following information explains several of these diseases:

Gonorrhea
Gonorrhea is caused by bacteria. The incubation period (*the amount of time it takes for a person to become infected with a disease or when the symptoms of the disease appear*) for this disease differs by gender. The first symptom of this disease for men appears in a milky white discharge 24 hours to 45 days after having sex with someone infected. If you are infected by oral or anal sex, the symptoms may take even longer to develop. You may not be able to determine when you became infected, especially if you were sexually involved with more than one partner.

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For women, the disease's incubation period may vary anywhere from *a few days to two months or longer, depending on the site infected.* The reason for this extended incubation period is due largely to the female anatomy. When women become infected with gonorrhea (penis to vaginal sex), the germ usually lodges in their cervical area. After weeks, or possibly months, this bacteria travels up the uterine cavity to the fallopian tubes and begins to create scar tissue in this area. This results in the development of *pelvic inflammatory disease (PID)*. This condition, in some cases, may cause sterility, or possibly death. During the interim period of disease development, females are highly susceptible to other infections and are themselves infectious.

Chlamydia
Chlamydia is caused by bacteria. This disease is very similar to gonorrhea. The exceptions: it has a longer incubation period, may cause more permanent damage to both genders because of its asymptomatic characteristics, and requires a different treatment regiment. Chlamydia is the leading cause of PID among American women.

Syphilis
Syphilis is caused by bacteria. Symptoms vary with each stage of the disease. The first stage, primary syphilis, occurs within ten to ninety days of infection. During this stage a painless chancre (open sore) develops that may last from one to five weeks. This chancre is **highly** infectious, and depending on where the chancre is present its symptoms may go unnoticed. The chancre usually develops at the area of the body involved in the sexual activity (mouth, genitals, or rectum). Often, the chancre disappears as the second stage of syphilis begins.

Secondary syphilis occurs within a week to six months of when you are infected. The symptoms during this stage can vary from alopecia (hair loss) to a multitude of other painless rashes. These symptoms also may occur while you have primary syphilis. Additionally, you could have a relapse of secondary syphilis even after the secondary stage has ended. However, you must have a chancre present during this stage to be infectious. (exception: condylomata rash.)

The preceding stages- early- latent and late-latent syphilis- characterize the period when this bacteria disseminates to different areas of your body. A series of fatal health complications can occur during this time. This stage may take years to occur.

Genital Herpes
Genital herpes is caused by a *virus*. Its incubation period is usually four to six days, but may take longer. The symptom, multiple blisters, usually appear at the area of the body involved in sexual activity. These blisters are painful and highly infectious. It can take anywhere from two to four weeks for the blisters to heal. Recurrences are common. The virus is triggered by stress, anxiety and other factors related to your nervous system. There are treatments to prevent further viral shedding during outbreaks. However, genital herpes has no cure.

SEXUALLY TRANSMITTED DISEASES /Quiz

1.	Syphilis develops into AIDS.	True	False
2.	Herpes develops into Syphilis.	True	False
3.	Syphilis' most infectious period occurs during its secondary stage.	True	False
4.	Gonorrhea usually develops before the onset of syphilis.	True	False
5.	The ulcerated lesions that you develop from syphilis increase your risk for contracting HIV.	True	False
6.	Most viral sexually transmitted diseases have cures.	True	False
7.	Sexually transmitted diseases caused by bacteria have cures.	True	False
8.	You can become infected with several sexually transmitted diseases at once.	True	False
9.	HIV may prolong the symptoms of other STD's. (i.e. herpes).	True	False
10.	HIV is not necessarily transmitted sexually.	True	False

SUBSTANCE ABUSE AND HIV/AIDS: ESTABLISHING THE CONNECTION MODULE 3

SUBSTANCE ABUSE AND HIV/AIDS: ESTABLISHING THE CONNECTION

The following will be provided:

- Why officers need to know about Substance Abuse and HIV/AIDS
- The definition of Substance Abuse
- The definition of Chemical Dependency
- Alcohol use and HIV/AIDS
- Crack Cocaine and HIV/AIDS

OBJECTIVES:

By the end of this module, officers should be able to:

- Identify the connection between drug use and contracting HIV
- Explain how drug use impairs the human immune system and increases the likelihood for AIDS progression in persons that are HIV positive
- Identify personal perceptions about drug use and HIV and AIDS
- List how drug use increases the risk for transmitting HIV

KEY TERMS:

Substance Abuse
Chemical Dependency
Crack Cocaine
Alcohol
Intravenous Drug Use
Chemical Dependency
Probation

Why officers need to know about Substance Abuse and HIV/AIDS:

It would be impossible to address HIV/AIDS without briefly reviewing the impact that substances (drugs) have on the transmission of this disease. It is important that officers realize that HIV infection can be the *consequence* of substance *use*, substance *abuse* or *chemical dependency*. Many times, distinctions are not made between these categories, especially substance abuse and chemical dependency.

Substance Abuse:

When drugs are used in amounts and/or ways that can be detrimental to an individual's well-being.

Chemical Dependency:

When an individual uses drugs to a point in which his/her very existence is focused on obtaining and using the drug. This dependence on the drug may be psychological and physiological, as well as chronic, progressive and possibly fatal.

Because of time and space constraints, attention cannot be focused on the genetic, psychosocial, or environmental factors which lead to the development of chemical dependency. However, attention will be focused on addressing chemical dependency within the context of dealing with HIV.

CHEMICAL DEPENDENCY AND PROBATION

Substance use and chemical dependency issues are not new to probation or the criminal justice system. In fact, many individuals within local, state and federal penal institutions admit to engaging in illegal activities while under the influence of (or because of an addiction to) one or more substances. In order for officers to effectively deal with chemically dependent offenders who are HIV infected, they must:

- confront, and challenge their perceptions of individuals who abuse substances and/or are chemically dependent. Those perceptions may be incorrect and stereotypical in origin;
- understand that chemical dependency is a progressive *disease*;
- (when working with HIV infected offenders who are chemically dependent) understand the importance of addressing offenders' chemical dependency issues before effectively looking at their HIV concerns;
- understand that the negative perception of chemical dependency is exacerbated by the stigma and resulting discrimination identified with HIV/AIDS;

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- realize that injection drug use is not the only behavior of chemically addicted persons which puts them at risk for HIV infection;

- understand that the offender's addiction may inhibit him/her from effectively dealing with his/her HIV positive status or AIDS diagnosis.

Much of the information about HIV/AIDS and substance abuse has been heavily focused on injection drug use. Granted, many persons HIV infected or living with AIDS became infected because of this behavior. However, it is **very dangerous** to negate or minimize the impact of other drugs in the transmission of HIV. This danger is exemplified by briefly focusing on dependence and/or abuse of alcohol and cocaine.

Alcohol and HIV

Alcohol, the most commonly used drug in America, is not often discussed within the context of HIV education and prevention. However, the abuse of alcohol can be blamed for more cases of HIV than most people realize. While intoxicated with alcohol, your inhibitions are usually lowered and as a result your ability to make decisions regarding sex and other risky behaviors are compromised.

It is also important to note that alcohol and other drugs lower the effectiveness of the immune system. This is especially dangerous for individuals with HIV infection or AIDS whose immune system is impaired. The use of alcohol and other drugs can lead to a faster progression of HIV to AIDS.

Cocaine and HIV

Cocaine, although an illicit drug, is readily available throughout many communities and is responsible for a growing number of HIV infections and AIDS. Like *drinking*, the snorting of cocaine can lower a person's inhibition, leading to unsafe sexual practices. Like *heroin*, cocaine can be injected. This increases the risk for HIV if a person is injecting cocaine and *sharing needles* with an *HIV-infected* individual.

The use of crack cocaine is having major social and health implications for those who use the drug. Because the drug is inexpensive, readily available and highly addictive, many men and women addicted to this substance will barter sex for drugs.

As officers continue to grapple with the impact of drugs in their work responsibilities, it is evident that continuing education and critical self-examination will help them better address these issues.

Substance Abuse and HIV/AIDS: Establishing the Connection:/Quiz

1.	Substance abuse plays a minor role in the global impact of HIV/AIDS transmission.	True	False
2.	Intravenous drug use is considered a major risk for contracting HIV.	True	False
3.	There is a distinction between the terms: substance abuse and chemical dependency.	True	False
4.	Alcohol abuse is the most commonly known drug addiction.	True	False
5.	Smoking crack cocaine will cause you to develop HIV.	True	False
6.	Using drugs can cause persons infected with HIV to develop AIDS sooner than expected.	True	False
7.	Substance use has no relationship to HIV transmission.	True	False
8.	Crack Cocaine is a psychologically addictive drug.	True	False
9.	Using drugs may contribute to the impairment of one's immune system.	True	False
10.	Drinking excessive amounts of alcohol will cause you to develop HIV.	True	False

PERSONALIZING RISK: MODULE 4

PERSONALIZING RISK: MODULE 4

The following will be provided:

- Personal beliefs vs. behavior change concerning HIV/AIDS
- Issues concerning sexual orientation and the stigma associated
- Internalizing risk for HIV infection
- "Risky behaviors"
- Safer Sex alternatives
- Empowerment issues

OBJECTIVES:

By the end of this module, officers will be able to:

- Recognize behaviors that place individuals at risk of HIV infection
- Distinguish between correct and incorrect information about persons at risk for HIV infection
- Identity personal beliefs about risk factors for HIV infection
- Understand the power of internalizing personal risk when considering behavior change for the prevention of HIV infection
- Define what Safer Sex is, and discover risk reduction alternatives
- Identify needed negotiation skills in discussing risk reduction alternatives

KEY TERMS:

Personalizing Risk
Sex & Safer Sex
Risk Reduction Alternatives
Empowerment
Beliefs vs. Behavior change
Human Sexuality

Why officers need to know about personalizing risk for HIV/AIDS:

Our beliefs influence when and how we make decisions. Accordingly, officers should consider how they developed their beliefs about HIV/AIDS. They should ask themselves the following question: *How does my self perception influence how I assess my risk for HIV infection?* Unquestionably, by taking a personal inventory of their beliefs and behavior regarding HIV/AIDS, they may begin to understand how offenders incorrectly perceive their risk for HIV/AIDS infection. Despite our attempts to remain objective, ultimately we view life subjectively.

PERSONALIZING RISK/ BELIEFS AND AIDS

Our beliefs are continuously shaped and modified throughout life experiences. Influences such as heredity, environment and culture play significant roles in the development of our belief system.

Consequently, we develop belief systems that ultimately govern how we assess our everyday activities. In turn, we selectively agree or disagree with information or situations that parallel our life experiences which in the end shape our perception of reality.

BEHAVIOR CHANGE

You must perceive that you are at risk of HIV infection before you can even consider your alternatives for change. In doing so, you should consider cultural norms that may influence your behavior change in the long-term. Chart 1 A will help you better understand this concept.

SAFER SEX

Safer sex issues clearly exemplify the difficulty in changing behavior. **There is no such thing as safe sex**. No AIDS prevention barrier method is 100% effective. The term ***safer sex*** is more appropriate when discussing AIDS prevention.

The term **safer sex** can best be defined as "alternate forms of sexual lovemaking." This could include outercourse, mutual masturbation, kissing, sexual intercourse with a condom, use of barrier methods during oral sex, and a host of others. In summary, safer sex entails *any form of sexual release that prevents the direct transmission of bodily fluids between two parties*.

However, safer sex alternatives that involve condom use vary in the degree to which they protect sexual partners. Condoms are safer when they are made of latex and used with the spermicide, nonoxynol-9. Condoms must be worn correctly to assure disease prevention during sexual intercourse.

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Define High Risk

The term "high risk" means any behavior that can lead to HIV infection. Included are anal, oral or vaginal sex, without a barrier method of protection or exposure HIV infected blood. The following questionnaire will help you understand how powerful perceptions can be as you consider you own risk for HIV.

A = Agree
D = Disagree
U = Unsure

PERSONALIZING RISK CHART

QUESTION		A	D	U
1.	Having unprotected sex (sex without a condom) is not as dangerous as people think.			
2.	Having sex with more than more than one person is no big deal.			
3.	Oral sex without a condom is safe.			
4.	I don't have to worry about HIV or any other sexually transmitted disease since my sex partner (i.e. boyfriend, husband, wife, girlfriend, significant other) will always be faithful.			
5.	I am confident that every person that I have ever had sex with was free from HIV and other STDs.			
6.	I have experimented with high risk drug use behaviors (i.e. use of injection drugs) at some point in my life.			
7.	I have engaged in high risk sexual behaviors while under the influence of alcohol and/or other drugs.			
8.	I am certain that my past and/or future behaviors will never put me at risk of HIV.			
9.	If given the proper information about HIV/AIDS, I will have the ability to avoid infection with the disease.			
10.	I have contracted a STD at some point in my life.			
11.	I would not have sex with my steady sex partner if he/she refused to have protection.			
12.	Since the discovery of HIV/AIDS, I am concerned that I may one day catch the disease.			
13.	I have had unprotected anal intercourse at some point in my life.			

(Chart 1 A)

PERSONALIZING RISK/Quiz

1.	Abstinence is the best protection against contracting HIV.	True	False
2.	Condoms are not 100% safe.	True	False
3.	Since you and your partner use condoms with nonoxynol-9, you are safe from contracting HIV.	True	False
4.	Your sexual orientation has the most influence on increasing your risk for HIV.	True	False
5.	You are at greater risk for HIV infection, when you are the recipient during the risky behavior.	True	False
6.	The "tree of infection" illustrates the decreased chance of HIV transmission.	True	False
7.	Your life experiences influence how you perceive your risk for HIV infection.	True	False
8.	Oral sex is considered risky behavior in contracting HIV .	True	False
9.	Public Health officials note that saliva and urine are major body fluids that place you at greatest risk for HIV infection.	True	False
10.	Health Educators suggest that anal sex puts you at risk for HIV because it is unsanitary.	True	False

HIV ANTIBODY TESTING: MODULE 5

HIV ANTIBODY TESTING: MODULE 5

The following will be provided:

- HIV incubation period vs. antibody testing
- HIV antibody testing and procedures
- Pre and Post test concerns
- HIV antibody testing sites and availability

OBJECTIVES:

By the end of this module, officers will be able to:

- Educate offenders about the "incubation period" of HIV infection
- Address issues that may influence the offender's decision making processes regarding HIV testing issues
- Describe HIV antibody testing procedures
- Discuss the availability and accessibility of HIV testing sites

KEY TERMS:

HIV Antibodies
Testing Sites
Pre/Post Test Counseling
HIV Antibody Tests
Incubation Period
Elisa & Western Blot

Why officers need to know about HIV/AIDS testing:

To request an AIDS test, and not know the significance of its results would be a mistake. The incorrect understanding of a HIV test result could cause one unnecessary stress. Officers must have a fundamental understanding about HIV/AIDS and its testing issues before they can advise offenders about this option.

BASIC INFORMATION ABOUT HIV ANTIBODY TESTING (AIDS TESTING)

When Should You Take The Test?

Most of the time people get tested for HIV when they undergo situations that inadvertently require HIV testing (i.e. prenatal care) or they become suspicious about their risk of HIV infection. A good example includes those persons visiting STD clinics. STD patients go to the clinic because they experience symptoms. As noted, with HIV, you may not develop visible symptoms until years later.

Therefore, it is imperative that you help offenders understand the difference between the "window period" of HIV (the period of time it takes for their blood to turn positive) and when they develop clinical symptoms. It takes three (3) to six (6) months for an individual's blood to show signs for HIV infection after exposure to a HIV infected person. However, its takes much longer to develop AIDS: 1 year to 15 years.

As noted, most of the time people get tested when they experience AIDS Related conditions or are told that they have been at risk of HIV infection. By this time, they may have already had HIV or AIDS for a long period.

TESTING PROCEDURES/MEANING

The two common tests used to detect HIV antibodies are the Elisa and Western Blot.

Elisa

The Elisa test measures the sensitivity of detecting an individual's antibodies to HIV infection. Sometimes the test misidentifies other antibodies as HIV. This test result is called a false positive. When two Elisa test result in positive, the confirmatory test, Western Blot, is initiated.

Western Blot

The Western Blot measures the specificity of the HIV antibody. This test is used for confirmation purposes.

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What does a positive test mean?

A positive antibody test means that you are probably HIV infected and can transmit this infection to others whom you exchange specific bodily fluids (i.e. blood) However, this diagnosis does not mean you have AIDS, only that you have the potential to develop this disease in the future. Over 75% of the people diagnosed with HIV develop AIDS.

Those who are HIV positive should refrain from donating blood, and be encouraged to talk with sex partners about their risk for HIV. Furthermore, they should continue to practice risk reduction alternatives even when their partner is HIV positive. Why? Anytime there is unsafe intimate involvement, body fluids are exchanged. These bodily fluids reintroduce the virus into the system. In turn, this can cause further immune system damage.

Pre and Post Test Counseling

Never advise offenders to get tested for HIV when they have never had pre-test counseling. The reason is simple. People have various motivations for wanting the test done. During the interview offenders get a chance to tell the counselor their reasons for taking the test, and other psycho-cultural concerns.

Where the tests are offered

State and local health departments do the bulk of HIV testing in most states. Most institutions practice what is called, "confidentiality or anonymous" testing.

Confidentiality

At confidential test sites, you usually give the counselor your name and other identifying data. However, your test results are shared only with those of your choice.

Anonymous

Unlike confidential test, in anonymous test sites you may be asked to submit your social security number or birthdate as identifying data. No one knows your true identity.

HIV ANTIBODY TESTING/Quiz

1.	Once HIV infected, it can take anywhere from three to six months for your blood to seroconvert (turn positive) to HIV.	True	False
2.	Researchers note that the AIDS test identifies the antibodies to HIV.	True	False
3.	When requesting the AIDS test, pretest counseling should be considered optional.	True	False
4.	The ELISA is a confirmatory AIDS test.	True	False
5.	The Western Blot is a confirmatory AIDS test.	True	False
6.	Without your consent, a healthcare provider can test you for AIDS.	True	False
7.	Post-test counseling is an essential phase of AIDS testing.	True	False
8.	Denial is a major reason people refuse to take the AIDS test.	True	False
9.	Officers should perform pretest counseling to persons on their caseload.	True	False
10.	You can tell by looking at a person whether they need to get tested for HIV.	True	False

LEGAL ISSUES: MODULE 6

LEGAL ISSUE: MODULE 6

The following will be provided:

- The American Disability Act
- The Federal Rehabilitation Act
- Federal and State Laws (Confidentiality)
- Disclosure (Third Party Risk)

OBJECTIVES:

By the end of this module, officers will be able to:

- Identify crucial differences between the Federal Rehabilitation Act and the American Disability Act
- Identify disclosure issues regarding the release of medical information involving HIV-infected offenders
- Articulate third party risk issues of HIV-infected offenders

KEY TERMS:

Federal Rehabilitation Act
American Disability Act
Disclosure Issues
Informed Consent
Third Party Risk
Confidentiality
Discrimination

Why officers need to know about AIDS related legal issues:

AIDS has created a major split in how organizations react to the legality of this disease. Issues regarding discrimination, confidentiality, and disclosure have dominated the agenda of many organizational forums. For probation, these issues have been more than a philosophical discussion; they have became a reality. Officers need to examine the legal issues of HIV/AIDS and understand their significance in the workplace.

THE FEDERAL REHABILITATION ACT (FRA)

Congress passed the FRA to guard against discrimination for the handicapped in the workplace. This Act mandates that federal agencies (Judicial branch excluded) or any organizations receiving federal monies not discriminate against individuals because of their handicap. The definition of handicapped here includes persons who have a physical or mental impairment that severely limits them from their major life activities. Handicapped persons must maintain documentation verifying impairment. This law includes both pre-employment and employment issues.

THE AMERICAN DISABILITY ACT (ADA)

The ADA enhanced the FRA cause by including organizations that were out of the federal Governments' domain. In summary, the ADA mandates that all organizations, both public and private, have to adhere to an anti-discrimination policy regarding handicapped persons. In short, the ADA protects disabled persons regarding discrimination in the following cases: (1) employment (2) pubic services; and (3) public accommodations concerning privately owned organizations.

Further, the ADA includes in its definition of disabled persons, individuals both perceived and infected with HIV/ AIDS. From this inclusion, the act notes that employers have to show reasonable accommodation to individuals disabled with HIV.

FEDERAL AND STATE LAWS

Before AIDS was officially recognized as a disease, there were federal confidentiality laws that protected individuals diagnosed with sexually transmitted diseases. In most states, STD patients had to sign a medical release to organizations seeking their test results. The AIDS epidemic complicated these laws, and a plethora of confidentiality issues have emerged.

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Disclosure Issues

Probably the most pressing issue concerning HIV positive offenders is determining who will be made aware of their positive diagnosis.

Presentence reports are court records, not public information. This means that the disclosure of an offender's HIV diagnosis is limited to certain organizations and individuals. The Freedom Information Act and Privacy Act do not apply. During the sentencing period, officers have the discretion to disclose HIV information about the defendant only in the following situations:

When another State or Local correctional system has received approval from the Court for the defender's diagnosis;

The defendant has signed the consent form, allowing you to disclose information in the presentence report, or to public agencies seeking information for medical reasons or other necessary causes. (i.e. Social Security Administration). Moreover, sometimes approval from the Court maybe necessary for this situation;

Disclosure to those parties (caregivers) that fall under the "umbrella" of needing to know. (i.e. U.S. Marshals, Halfway Homes, Bureau of Prisons, U.S. Parole Commission and ext.). See probation manual for details;

When defendants have refused to sign their consent forms, and you feel their HIV diagnosis is relevant to the report, or defendants have told you about their HIV diagnosis in privacy. In both situations, you will need to notify the Court. See probation manual for details.

HIV diagnosis and the Presentence Report

The defendant's HIV positive or negative diagnosis is usually inserted in the medical section of the report. However, it may become apparent that you must detail information in other sections that appear relevant to the offense (i.e. mental health and financial sections).

As previously noted, you must obtain a signed medical release form from defendants before disclosing their diagnosis in the report. Although various statutes and provisions may allow you to disclose this information, the probability for a confidentiality suit remains. To safeguard against this occurrence, you should start by educating the defendant (or referring him/her to the HIV resource person) about the disease. In doing so, they may realize that by disclosing their diagnosis to the Court, proper care concerning their supervision can be administered. This issue is paramount.

LEGAL ISSUES/ Quiz

1.	The American Disability Act (ADA) protects only disabled individuals' employment rights.	True	False
2.	The ADA is equivalent to the Federal Rehabilitation Act (FRA).	True	False
3.	Individuals that have AIDS are considered to be disabled.	True	False
4.	The FRA explicitly protects the rights of persons with AIDS.	True	False
5.	According to the ADA, organizations must show "reasonable accommodation" to those individuals diagnosed with AIDS.	True	False
6.	You may be sued for disclosing an offender's HIV diagnosis to their loved ones.	True	False
7.	When disclosing HIV information in a presentence report, the writer rarely has to have the defendant sign a medical release form.	True	False
8.	HIV positive offenders who knowingly have sex with uninformed parties may be sued in civil court.	True	False
9.	The Bureau of Prisons (BOP) is excluded from the Freedom of Information Act.	True	False
10.	The U.S. Probation Office is excluded from the Freedom of Information Act.	True	False

SPECIAL TOPICS

HIV & AIDS: A FOCUS ON SAME SEXUAL ORIENTATION

When AIDS was **first** brought to public's attention in the early 1980's, most of the cases were identified in the population of men who had engaged in sex with other men. During the beginning of the AIDS epidemic, the disease was referred to as the *Gay Related Immune Deficiency* (G.R.I.D.).

AIDS is largely viewed with extreme disdain not only because it is a devastatingly incurable disease, but because many people closely identify this disease with same-sex orientation, an uncomfortable issue that our society continues to struggle. Although we now understand that HIV transmission is dependent upon **high risk behaviors** and not merely ***high risk groups***, the spread of the virus among gays should not be minimized.

Although the issue of same-sex orientation will not receive in-depth exposure here, it is important for officers to examine their personal beliefs and attitudes regarding this issue so as to increase their capacity for successfully dealing with HIV/AIDS issues. Officers who fail to confront their feelings may be unprepared to comprehend and successfully respond to particular situations. Officers should consider that:

- Some gay or bisexual offenders infected with HIV (or displaying AIDS symptoms) may not fully divulge pertinent information regarding their illness and coping mechanisms. This situation, a potential complication in terms of supervision plans, might be traced backward to conscious or unconscious hostile attitudes exhibited by the officer regarding homosexuality.

- The association of HIV/AIDS with sexual orientation may cause officers to make inaccurate and potentially damaging assumptions about offenders on their caseload.

- Some HIV-positive offenders may have contracted HIV through high risk same sex-behaviors, but do not consider themselves gay or bisexual. This is exemplified by the reported situational same-sex behavior documented among incarcerated individuals who barter sex for drugs. Such possibilities require officers to broaden their understanding of sexuality issues in order to respond more appropriately to the needs of offenders.

HIV & AIDS: A FOCUS ON CULTURAL COMPETENCY

Increased awareness of the cultural diversity of America requires that we gain the necessary skills to respond to society's needs. A multitude of different cultural groups interact constantly with the criminal justice system. To meet the challenges of multiculturalism, especially when dealing with HIV/AIDS issues, officers must achieve competence in this area. Although this issue will not be addressed exhastively here, officers will be provided with information to enable them to properly address the issue within HIV/AIDS intervention strategies.

> ***Cultural Competency*** is defined as a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing focused interventions, communications, and other supports.
>
> An important component of cultural competency is ***cultural sensitivity***, an awareness of the nuances of one's own and other cultures. ***Cultural appropriateness*** is critical because it involves the demonstration of both sensitivity to cultural differences and similarities and effectiveness in using cultural symbols to communicate.

One common misconception regarding cultural competency is that this concept only addresses the nuances of racial and ethnic *minority* populations specifically, African-Americans, Hispanic/Latinos, Asian/Pacific Islanders, or Native Americans. However, cultural competency is a concept which encompasses a true understanding of all races, nationalities, creeds and religions.

Officers must appreciate this viewpoint when dealing with HIV/AIDS issues. Consider the following situations:

- Would you conduct a presentence investigation differently with a Caucasian HIV-infected offender raised in the Appalachian culture than an African-American HIV-infected offender from the Bronx, New York?

- How would you respond to a first generation Hispanic male from the Dominican Republic who is HIV positive (and speaks limited English) vs. a third generation Puerto Rican male who is HIV positive from Northeast Ohio?

- How would you supervise an upper-middle class Caucasian female vs. a middle-income Chinese-American female?

As you pondered responses to those situations, what was your response based upon? Was your response based on actual knowledge and experience from working with particular groups or individuals; or was your response based on stereotypes? If the information was based on stereotypes, was this information learned from your family or social group?; media?; or educational institutions? These are crucial questions that must be addressed when dealing with diverse groups.

The concept of cultural competency does not mean that all officers must understand and know the history and nuances of all cultural and racial groups in our society. That would be an impossible task. However, it does require officers to understand the history and nuances of cultural groups they are most likely to work with.

A true understanding of cultural competency will help officers determine how to successfully manage the affairs of offenders on their caseloads.

Appendix

Quiz/ Answer Key

MEDICAL FACTS (module 1)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
F	F	F	F	T	T	T	F	F	F

SEXUALLY TRANSMITTED DISEASES (module 2)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
F	F	F	F	T	F	T	T	T	T

SUBSTANCE ABUSE AND HIV (module 3)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
F	T	T	T	F	T	F	T	T	F

PERSONALIZING RISK (module 4)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
T	T	T	F	T	F	T	T	F	F

TESTING ISSUES (module 5)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
T	T	F	F	T	F	T	T	F	F

LEGAL ISSUES (module 6)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
F	F	T	F	T	T	F	T	F	T

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In summary, he has extensive experience as a trainer and educator in HIV/AIDS & STD prevention programs. His work has included curricula development, program planning and evaluation, and the training of probation officers, teachers, mental health workers, drug users, prison inmates as well as others. He has worked as a consultant with a variety of community-based organizations. He served on both the Cleveland AIDS Clinical Trials advisory board, and SAMM's board, (Stopping AIDS Is My Mission). Presently, he is a faculty member of the Federal Judiciary Center, Washington D.C. and board member, the Westside Mental Health Center, Cleveland, Ohio.

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